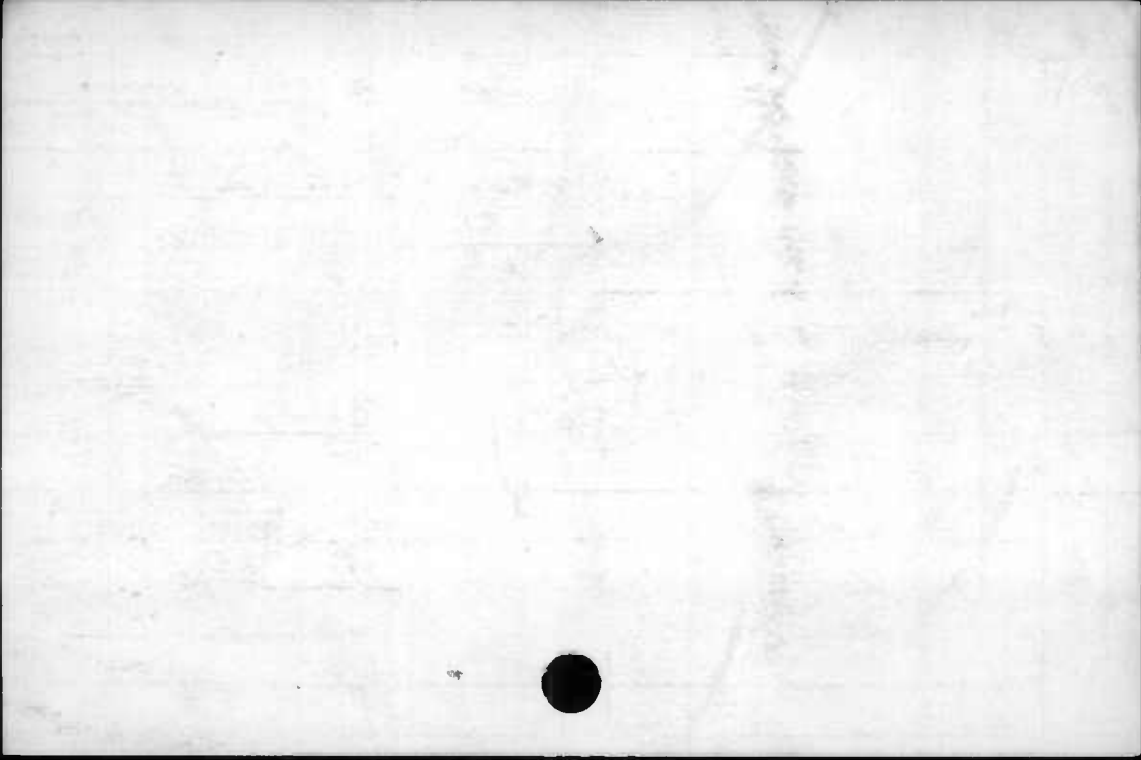


Name in Full		CERTIFICATE OF DEATH			
Mrs. Bishop		Died at <u>Baltimore Md</u>		County <u>Gary</u>	
Town		Month		Days	
Date of death <u>1906 aug 16</u>		Age <u>80</u>		Months <u>8</u>	
Sex <u>F</u>		Color or Race <u>W</u>		Birth-place <u>WVa</u>	
Occupation <u>W</u>		Where Residing if not at place of death <u>Carensand</u>			
Married, Single or Widowed <u>W</u>		Name of Wife or Husband <u>Jas R Bishop</u>			
Father's Name <u>Wm. K. Hall</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Nancy Byrne</u>		Mother's Birthplace <u>W</u>			
Name of person giving information <u>Mrs E. S. Hance</u>		How related to deceased <u>Daughter</u>			
CAUSES OF DEATH					
Primary <u>Old age</u>		<u>(54)</u>		How long <u>about 1 yr</u>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Hermes</u>		Address <u>Baltimore</u>	
Accident or Suicide?					

Old Man Tullidge
Mr Geo K. Lawder

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Loch Lynn</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
	Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>9</i>	Age <i>143</i> Years	Months <i>—</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>white-</i>		Birth-place <i>Parkersburg W. Va</i>		
	Occupation <i>—</i>	Where Residing if not at place of death <i>Parkersburg W. Va</i>				
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Mentor Caldwell</i>	Father's Birthplace <i>—</i>				
	Mother's Maiden Name <i>Mip Dicks</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Dr McComas</i>	How related to deceased <i>not-related</i>					
CAUSES OF DEATH 105						
PHYSICIAN OR CORONER	Primary	<i>Membranous Pro-Colitis</i>		How long	<i>Three weeks</i>	
	Immediate	<i>General exanthema</i>		How long	<i>Three weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry W. McComas</i>			
			Address <i>Oakland Md</i>			
Accident or Suicide? <i>—</i>						



Name
in
Full

Medred Geepin Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oceanview

Town

Somerset

County

Date

of death

1906

Month

Aug

Day

26

Age

Years

3

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Newbold Md

Occupation

Where Residing if not
at place of death

Oceanview

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Earl Geepin

Father's
BirthplaceMother's
Maiden Name

Josephine Collins

Mother's
Birthplace

Md

Name of person giving
In formation

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Acute tubercles

How long

105

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

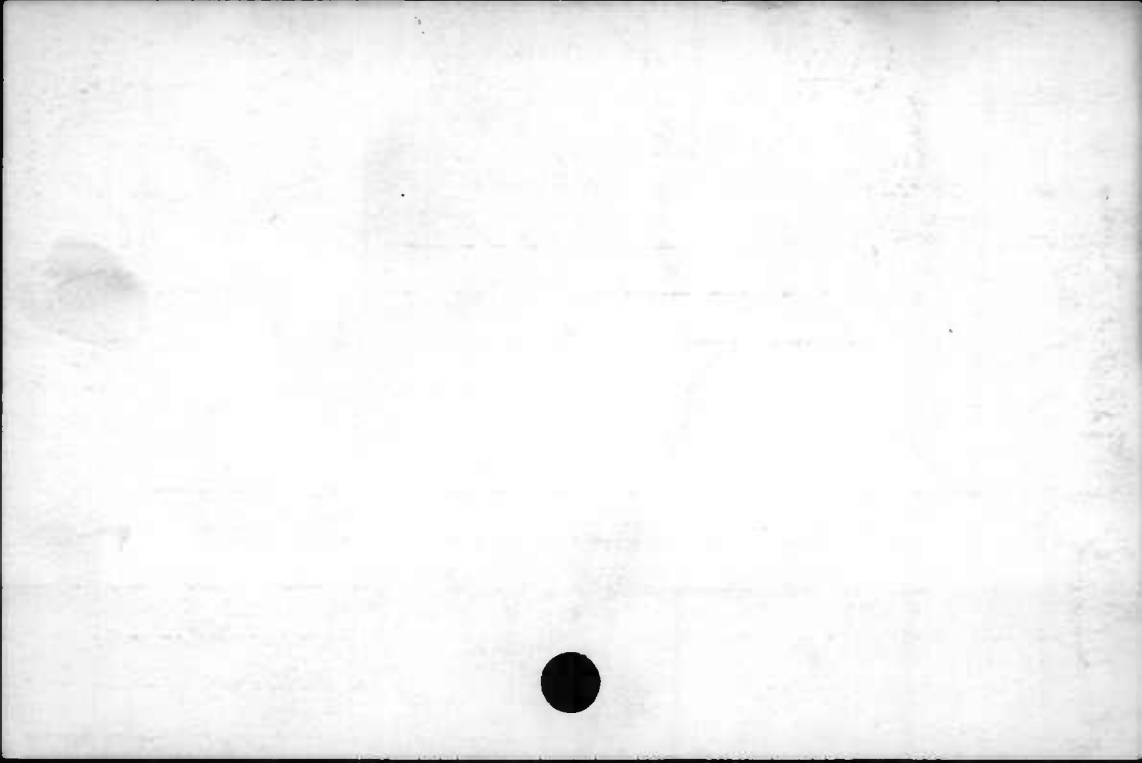
M. C. Huebner

Address

Oceanview Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1900

April 10

Age

6

8

Male

White

Married

Widow

Divorced

Female —

Colored —

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Weak constitution from Birth

How long sick

Death

Immediate

Cholera Infantum

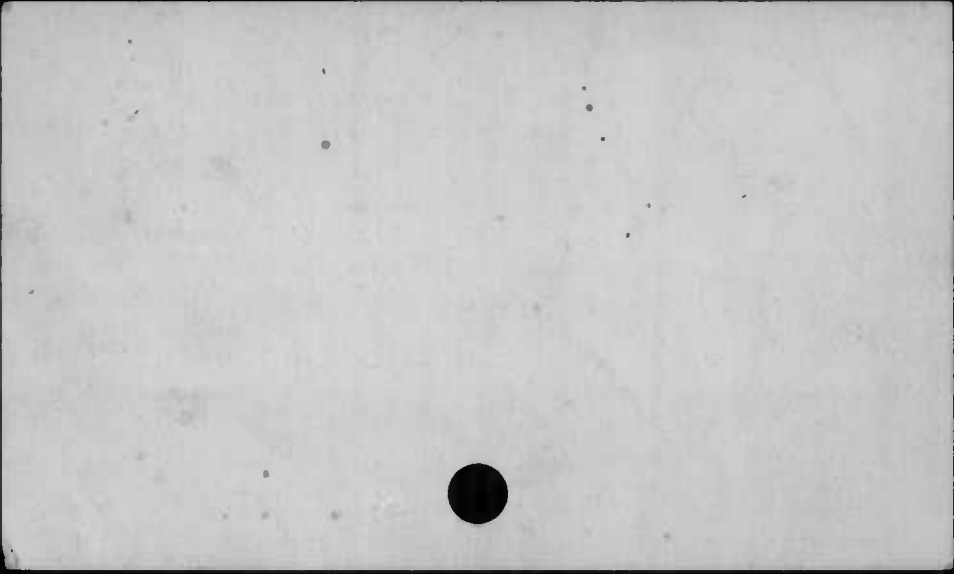
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name
in
Full

Allen M. Mahldar Emerson

CERTIFICATE OF DEATH

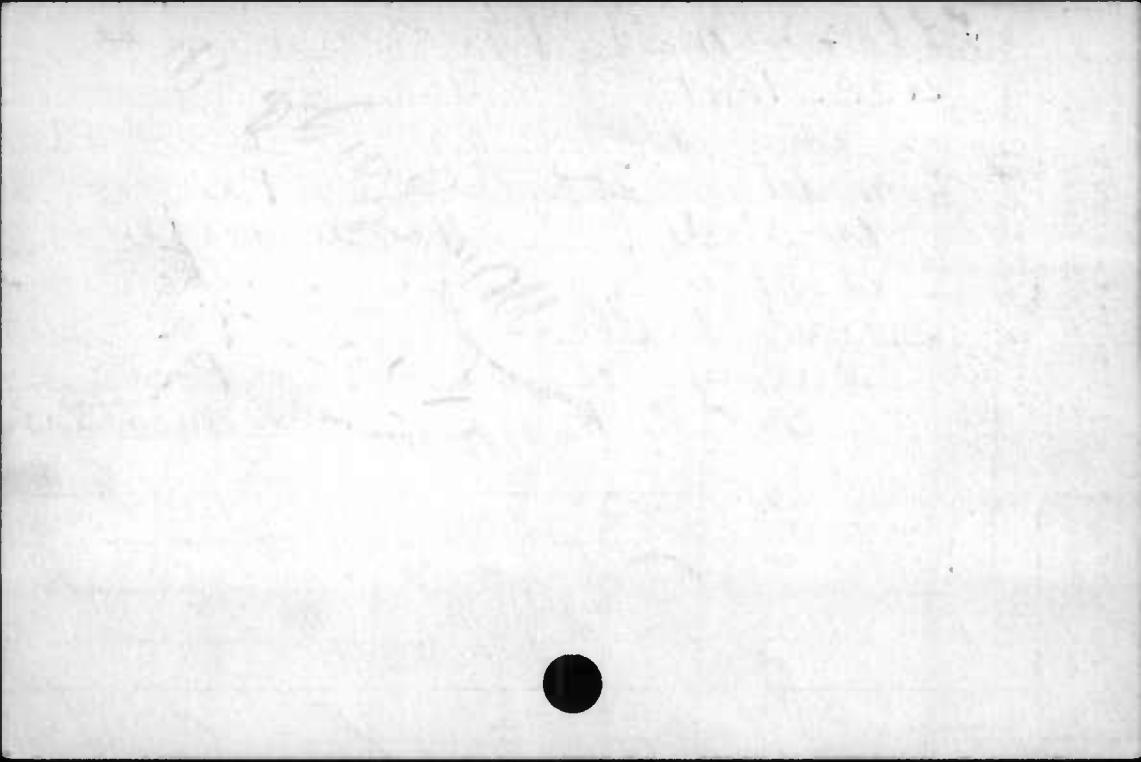
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town accident		County Barrit		MARYLAND	
Date of death 190	6	Month Aug	28	Day	29	Years	6
Sex	Female	Color or Race	White	Birth- place	Pa	Months	23
Married, Single or Widowed	married			Occupation	House wife		
Name of Wife or Husband	Anthony Emerson						
Father's Name	David Fiddle					Father's Birthplace	Pa
Mother's Maiden Name	Sarah Knox					Mother's Birthplace	Pa
Name of person giving information	Sarah Knox					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	2 wks
Immediate	Pneumonia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	A. Mason M.D.
			Address	Frydenville Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

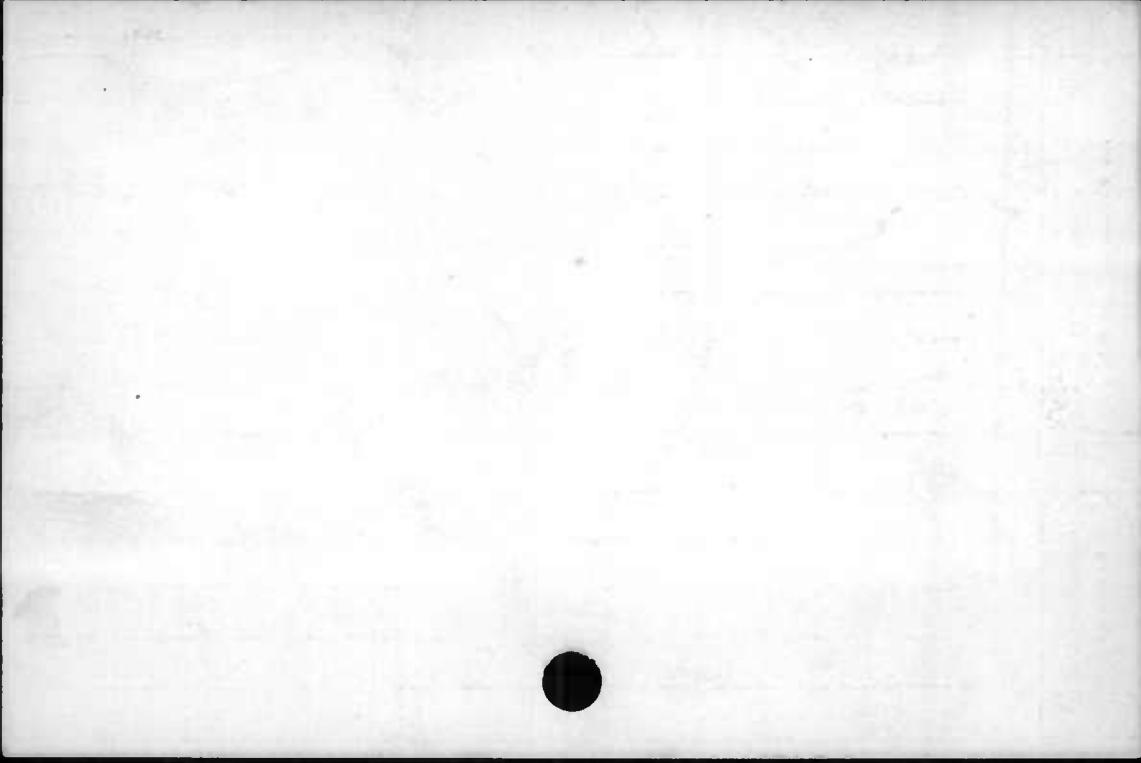
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Oakeand		Garrett		Maryland			
Date of death	Month	Day	Age	Years	Months	Days	
1906	Aug	27			5		
Sex	Color or Race	Birth-place					
Female	White	Maryland			Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
		G B M Friend					
Father's Name		Father's Birthplace			Md		
Mother's Maiden Name		Mother's Birthplace			Md		
Name of person giving information		How related to deceased			uncle		
W P Friend							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Bowel Trouble	6 days	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

Andrew J Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

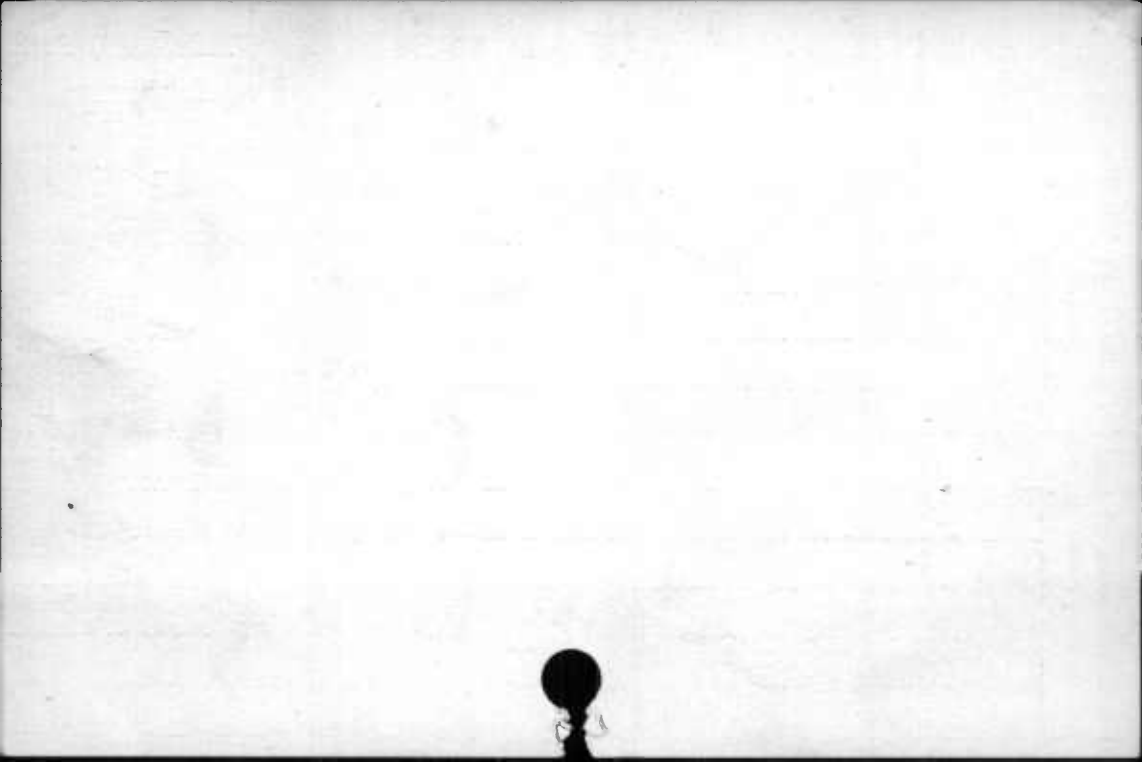
Died at <u>Abiltas</u> ^{Town}		County <u>Gomer</u>		State <u>MARYLAND</u>	
Date of death	1906	Month	aug	Day	13
Age	69	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	md
Occupation	Farmer		Where Residing If not at place of death <u>Abiltas md</u>		
Married, Single or Widowed	Married		Name of Wife or Husband <u>Jane Dawson</u>		
Father's Name	<u>John Lancaster</u>		Father's Birthplace <u>md</u>		
Mother's Maiden Name	<u>Mrs Garrison</u>		Mother's Birthplace <u>va</u>		
Name of person giving information	<u>Jane Lancaster</u>		How related to deceased <u>Wife</u>		

CAUSES OF DEATH

Stomach

PHYSICIAN
OR CORONER

Primary	<u>Trouble and Heart</u>	How long	<u>Trouble</u>
Immediate	<u>-</u>	How long	<u>6 mos</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr J O Bullock</u>		
	Address <u>Genacon md</u>		
	<u>Doris md</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

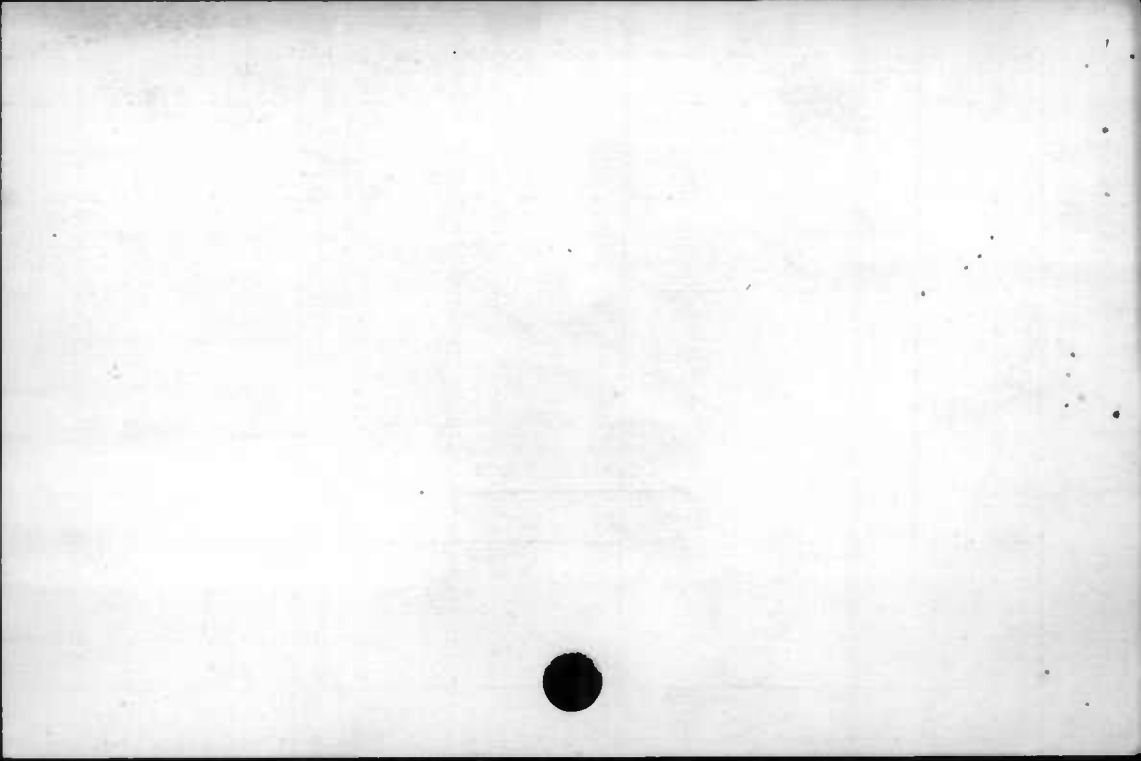
TO BE ANSWERED BY
NEAREST FRIEND

Baby Laver		Town		County		MARYLAND	
Died at <i>Dear Gorman</i>		<i>Garnett</i>					
Date of death	1906	Month	Aug	Day	23	Age	Years
						Months	Days
Sex	<i>Male</i>		Color or Race	<i>W</i>		Birth-place	<i>Mo.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>D. M. Laver</i>			Father's Birthplace	
Mother's Maiden Name			<i>Stella White</i>			Mother's Birthplace	
Name of person giving information			<i>Mrs Laver</i>			How related to deceased	
						<i>Aunt</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dec. Colitis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. M. Laver</i>	
		Address	
		<i>Oakland</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

George M. Munkors

CERTIFICATE OF DEATH

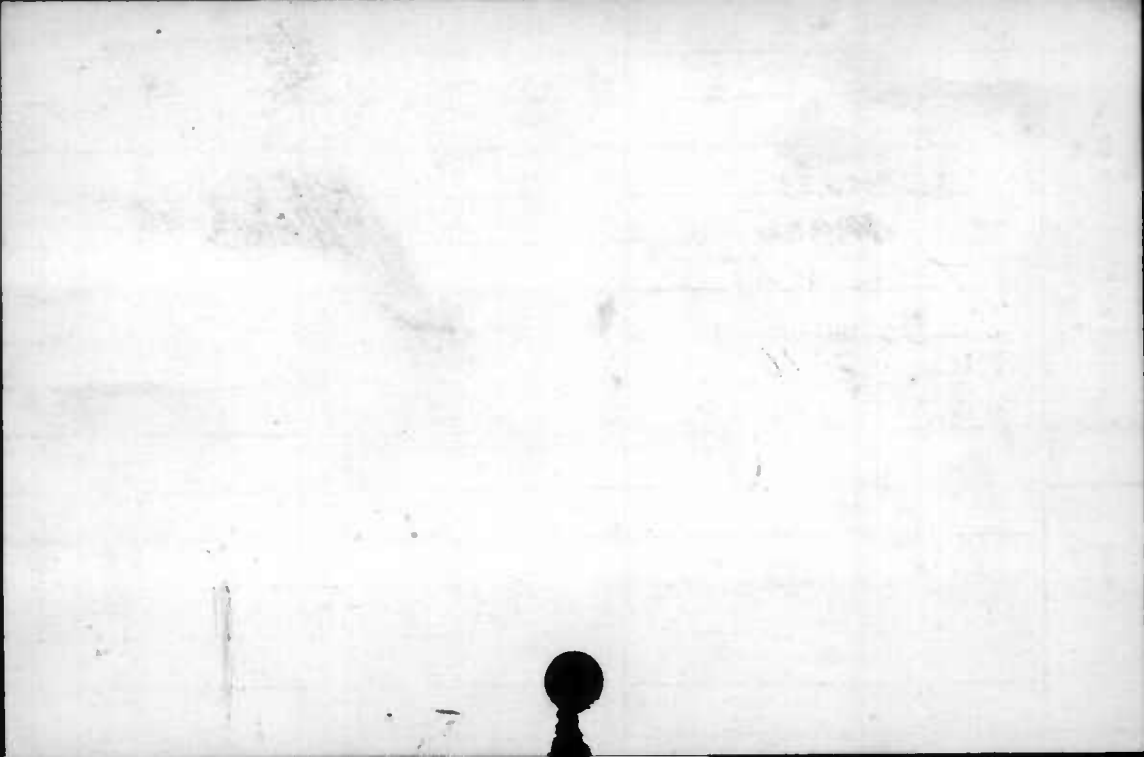
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	Aug	Day	7	Age	79
Sex		Color or Race		Months		Days	
Male		White		30		21	
Occupation		Where Residing if not at place of death		Birth-place			
Blacksmith		Accident		Germany			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Married		Elizabeth Munkors		Germany			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
Laurel Munkors		Jane Kneale		Germany			
Name of person giving information		How related to deceased					
William Munkors		Son					

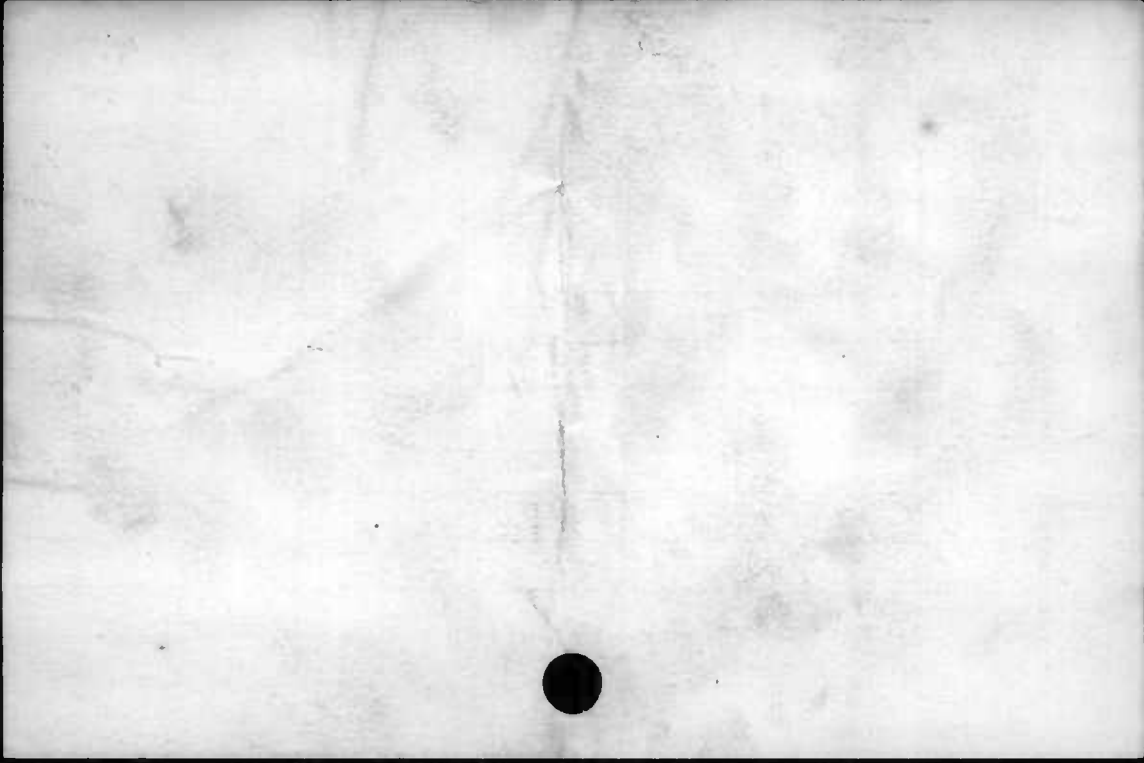
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Smile tip	21 weeks
Immediate	How long
Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	H. R. Boyer MD
	Address
	Accident
Accident or Suicide	



Name in Full		Berta Resh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Accident		County Gorham		MARYLAND	
	Date of death	1906	Month Aug	Day 4	Age Years 20	Months 1	Days 26
	Sex	female		Color or Race	white		
	Occupation	domestic		Where Residing if not at place of death		Birthplace Grandville ^{Mich}	
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	James Resh			Father's Birthplace	Grandville ^{Mich}	
	Mother's Maiden Name	Anna B - Stanton			Mother's Birthplace	Baltimore	
Name of person giving information	James Resh			How related to deceased	father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long	8 days	
	Immediate	Diphtheria			How long	8 days	
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	W. R. Bayne M.D.	
	Address				Resident		
Accident or Suicide?							



Name
in
Full

Ezra Savagi

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>his Home</i>		Town <i>Barnitt</i>		County <i>Barnitt</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>82</i>	Years <i>82</i>	Months <i>6</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Elihu Savagi</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Cartel</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Purston Savagi</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Mason MD</i>
	Address <i>Fredericks MD</i>
Accident or Suicide? <i>—</i>	

Asa Savage cemetery

did not get card
till other day
MRS H

Name
in
FullE. Myrtle Kelch } P.O. in wife
resided in mdo }

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Breedlove, WVa</i>		Town <i>Preston</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>24</i>	Age	Years	Months <i>5</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Breedlove, WVa</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John Kelch</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>A. Q. Fike</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. A. Schen, M.D.</i>
	Address <i>Eggleston, WVa</i>
Accident or Suicide? <i></i>	

